

Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Grand River Mutual Telephone Corporation

Service Provider Name

Grand River Mutual Telephone Corporation

Company Address, City, State, Zip

1001 Kentucky Street

Princeton, MO 64674

Service Provider Type

Wireless

☒ Wireline

Wireline

Name(s) of Wireless License Holder(s)

N/A

Contact Name

Wendel Myers

Contact Tel #

660-748-3231

Fax #

660-748-4747

E-mail Address

grmmmm@grm.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Putnam County - Missouri

Worth County - Missouri

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Putnam County, Missouri - projected to be E911 PSAP.

Worth County, Missouri - county officials contacted; under review by county officials.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Putnam County, Missouri - implementing E911; projected in service July 1, 2002.

Worth County, Missouri - contacted county and requested translation number for Basic 911.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Putnam County, Missouri - July 1, 2002.

Worth County, Missouri - 3rd Quarter 2002.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

None

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

None

Section 4

Certification - To be signed by an authorized representative of the reporting entity

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature Philip S. Johnson
Philip S. Johnson

Title General Manager

Date March 11, 2002

This filing is: ☒ original filing ☐ revised filing
Original filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

